

South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursi

Medication Administration Training Program for Unlicensed Assistive Personnel BOARD OF NURSING Application for Curriculum Change for an Approved Training Program

Name of Institution:	Medication administration may be delegated program pursuant to <u>ARSD 20:48:04.01:14</u> . At to the Board of Nursing for approval. Writter receipt of all required documents. Send comp. Board of Nursing; 4305 S. Louise Ave., Suite 2	An applica en notice e pleted app	ition along with of approval or d ilication and supp	required documenta enial of the applicat porting documentation	ition must be submitted tion will be issued upon
Name of Primary Instructor: Vicky Maag Address: 100 4 6 5 5 5 2 3 5 Phone Number: 1005 8 758 2050 Fax Number: 1005 758 - 1315 E-mail Address of Faculty: 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Institution:	Yliei	1) ani	stod Su	Juna-
Phone Number: (@05- \$ 758- 2050 Fax Number: (@05- 758- 1315) E-mail Address of Faculty: (Dundry View) (Diddent Loom 1. Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. Each program is expected to retain program records using the Enrolled Student Log form. 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services) Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009) Nebraska Health Care Association (2010) (NHCA) We Care Online 2. List faculty and licensure information: For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience. RN FACULTY/INSTRUCTOR NAME(S) State Number Expiration Date Verification (Completed by SDBON) VICKY MARG SD RNR039428 (27.2012 OWW)	Name of Primary Instructor: Vicker N	laga			
Phone Number: (005-89 758-2080 Fax Number: (005-758-1315) E-mail Address of Faculty: (2004-1414) (201	Address: 1004 6th St				
E-mail Address of Faculty: Country View @ itctel. com 1. Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. Each program is expected to retain program records using the Enrolled Student Log form. 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services) Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009) Nebraska Health Care Association (2010) (NHCA) We Care Online 2. List faculty and licensure information: For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience. RN LICENSE RN FACULTY/INSTRUCTOR NAME(S) State Number Expiration Date Verification (Completed by SDBON) VICKY MAAG SD RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. 1. Request to use the following approved to retain program records using the Enrolled Student Log form. 1. Request to use the following approved to retain program records using the Enrolled Student Log form. 2. List faculty and licensure information: For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience. RN LICENSE RN LICENSE STATE Number Expiration Date Verification (Completed by SDBON) VICKY MAAG SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L.7.2012 White Completed Student Log form. SO RN R039428 (L	- Horence, SD 5	<u>723</u>	5		
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This section to be completed by the South Dakota Board of Nursing

Date Application Received:	06/13/2012	Date Notice Sent to Institution:	
Date Application Approved:	06/19/2012	Date Application Denied:	
Expiration Date of Approval:	04/30/2014	Reason:	
Board Representative:	mural		